

Town of Lisbon
DEMOLITION PERMIT
APPLICATION

Date Paid: _____

Permit # _____

Cost _____

Complete all questions below or application cannot be processed. If a question does not apply, write "N/A"

Permits are valid for 2 years.

DESCRIPTION OF WORK * See attached List

For a new or existing building, provide a detailed description of Work and provide a drawing including dimensions for all exterior Changes. For work that changes the building footprint, provide A scale drawing showing all buildings, roads, driveways, natural Features, R.O.W.'s, property lines and setbacks.

Water & Sewer ? _____

911 Address _____

Provide a map showing area of development with dimensions

MFG Home Single Family Home Commercial Modular

Two Family House Town House Other

INTENDED USE → _____

Street Location of Proposed Work:

Tax Map: _____ Lot Number _____ Zoning District _____

AGENT/OWNER INFORMATION

Name _____

Mailing Address _____

Phone _____

If Agent is other than Owner, List Owner & Address:

Owner or Company: _____

Phone: _____

ESTIMATED COST: _____

DEMOLITION WORK MUST COMPLY WITH ALL STATE/FEDERAL GUIDLELINES FOR REMOVAL OF MATERIALS.